

Kingsmith Care Ltd

Kingsmith Care

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Outstanding



Overall summary

We conducted an inspection of Kingsmith Care on 7 December 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The service provides care and support to people living in their own homes. There were 17 people using the service when we visited. At our last inspection on 12 December 2013 the service met the regulations we inspected.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had completed medicines administration training within the last year and were clear about their responsibilities. They demonstrated a detailed understanding of the medicines people took and why they were taking these.

Risk assessments and care plans contained very detailed information for staff. All records were reviewed within six months or sooner if people's needs changed.

Summary of findings

Safeguarding adults from abuse procedures were clear and staff understood how to safeguard people they supported. Staff had received safeguarding adults training and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Kingsmith Care was meeting the requirements of the Mental Capacity Act 2005. Care records recorded whether people had capacity to make specific decisions and also contained a written record from the registered manager about whether the person had appointed someone as their Lasting Power of Attorney. Care workers were also aware of their responsibilities under the Act in relation to protecting people's rights.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role. Care workers were provided with appropriate training to help them carry out their duties and were encouraged to develop their skills and take on responsibilities in areas they found interesting. Staff received regular supervision. There were enough staff employed to meet people's needs.

Staff demonstrated an excellent understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way. People using the service and their relatives were involved in decisions about their care and how their

needs were met. People had care plans that reflected their assessed needs. We saw evidence that the registered manager proactively explored new ways to engage people in activities they enjoyed.

People were supported to maintain a balanced, nutritious diet. Staff at the service worked with people and their relatives to provide food they enjoyed as well as encouraging them to explore healthier options. People were supported effectively with their health needs and were supported to access a range of healthcare professionals. People's emotional needs were also considered extensively and people were given the support they needed.

People using the service and staff felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was an effective complaints policy and procedure in place.

Staff were supported and given the resources to develop and drive improvement within the service. Improvement was incentivised and the service operated a forum to discuss best practice.

The organisation had appropriate systems in place to monitor the quality of the service. The registered manager reviewed all care records and daily notes completed by care workers. We saw evidence that feedback was obtained by people using the service and the registered manager visited people at least every two months. The results of feedback was very positive.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Risks to people who use the service were identified and appropriate action was taken to manage these and keep people safe. Records were reviewed and updated where required.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

Good



Is the service effective?

The service was effective. The service was meeting the requirements of the Mental Capacity Act 2005. Care records recorded whether people had capacity to make specific decisions and also contained a written record about whether the person had appointed someone as their Lasting Power of Attorney. Care workers were also aware of their responsibilities under the Act.

People were supported by staff who had the appropriate skills and knowledge to meet their needs. Staff received an induction and regular supervision and training to carry out their role.

People were supported to eat a healthy diet and chose what they wanted to eat.

People were supported to maintain good health and were supported to access healthcare services and support when required.

Good



Is the service caring?

The service was caring. People using the service, relatives and referring social workers were very happy with the level of care and empathy shown by staff.

People and their relatives told us that care workers spoke to them and got to know them well. The registered manager matched people with care workers who had a similar background or interests.

Care workers considered people's emotional needs and dealt with these in a sensitive way.

Good



Is the service responsive?

The service was responsive. The service worked hard to deliver individualised care that was suited to people's changing needs and preferences.

People were encouraged to be active and maintain their independence. The registered manager proactively explored ways to engage people in local activities that interested them.

People told us they knew who to complain to and felt they would be listened to.

Good



Summary of findings

Is the service well-led?

The service was well-led. People and their relatives told us the registered manager was approachable.

Staff were supported and given the resources to develop and drive improvement within the service. Improvement was incentivised and the service operated a forum to discuss best practice.

The registered manager and other senior staff worked hard to engage with the local community.

Quality assurance systems were thorough. Feedback was sought from people using the service every week over the telephone and the registered manager visited them in person at least every two months to check how they were. Lessons were learned and improvements to the service made following feedback from people who used the service.

Outstanding



Kingsmith Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 7 December 2015 and was conducted by a single inspector. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Prior to the inspection we reviewed the information we held about the service. We contacted a representative from the local authority safeguarding team and spoke to a social worker who had referred people to the service to obtain their feedback. We also spoke with two members of the NHS Continuing Care for Older People and Palliative Care Team who had also referred people as well as one other professional who worked with staff at the service.

We spoke with four care workers on the day of our visit and one care worker after our visit over the telephone. We spoke with six people using the service, two relatives, the registered manager and other senior staff. We also looked at a sample of five care records, five staff records and records related to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe when using the service. A person using the service commented, “The girls are really fantastic. I feel very safe with them.” One relative told us, “I trust the carers. They all have a key code to get into the house.”

We spoke with the registered manager about how they managed people’s medicines. We were told that care workers prompted people to take their medicines and recorded this on ‘monthly medication administration records’. These sheets were then returned to the office and reviewed by the registered manager every month or sooner if the care worker brought them in. We saw copies of the sheets for the five people whose files we viewed. These were fully completed. We spoke with one care worker who told us they had specific responsibilities to audit all records and they showed us evidence of completed audits. They explained that if any issues were identified they would speak with the person involved. The people using the service and relatives we spoke with told us care workers prompted them to take their medicines. One relative said “I have seen the forms they fill in.”

All staff had completed medicines administration training within the last year. Care workers were clear about the medicines that people should be taking and what these medicines were used for. Two care workers we spoke with, demonstrated a detailed understanding of the different types of medicines people were prescribed, why they took these and the repercussions of taking the wrong dose. All care workers explained the importance of recording the medicines taken on the medicine administration chart.

We looked at five people’s care plans and risk assessments. The registered manager conducted a detailed assessment of the person’s needs before they started using the service and recorded the answers given. This included various assessments of risks on the safety of the person’s home environment, any risks to their health and mobility as well as other matters. The document also contained detailed and practical guidance for care workers in how to support people to manage risks. This included the contact details of healthcare professionals in the event of certain incidents that people were specifically prone to. Risk assessments had been reviewed within six months and we saw one person’s had been updated sooner because their needs had changed.

Care workers demonstrated that they knew the risks to people well. One care worker gave us a specific example of one person’s dietary preferences and how this could affect their health. Other care workers gave a detailed description of people’s health history, including whether they had been in hospital and the reason for this as well as any current conditions they had and how they could recognise any signs of deterioration.

The service had a safeguarding adult’s policy and procedure in place. Staff told us they received training in safeguarding adults as part of their mandatory training and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. Staff also said they would use the provider’s whistleblowing procedure if they felt this was necessary. Whistleblowing is when a worker reports suspected wrongdoing at work. A worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone’s health and safety is in danger. We spoke with a member of the safeguarding team at the local authority and they confirmed they did not have any concerns about people using the service.

Staff received emergency training as part of their mandatory training which involved what to do in the event of an accident, incident or medical emergency. Care workers told us what they considered to be the biggest risks to individual people they cared for and they demonstrated an understanding of how to respond to these risks. Care workers we spoke with told us their emergency training would inform their responses to these situations. One care worker gave us an example of the actions they had taken to respond to an incident. The care worker demonstrated they had recognised subtle signs that the person’s health had deteriorated and explained that they had responded quickly and appropriately in accordance with their emergency training.

People and their relatives told us the service sent enough care workers to attend to them and they usually sent the same people. People commented, “I am always sent the same four girls. They are wonderful and I don’t have to worry about explaining things to them over and over” and a relative told us, “They do try very hard to send the same person.” Care workers explained that they always performed a “handover” when another care worker was taking over from them. One care worker told us, “We do

Is the service safe?

proper handovers and can always text each other if we're unsure about something." We saw records of written handovers which contained details of any subtle changes in the person's health and their mood, what food they had eaten, activities they had conducted and any other updates.

We spoke with the registered manager about how they assessed staffing levels. They explained that they conducted an assessment of peoples' needs when they first contacted the agency. As a result they determined how

many care workers were required per person and for how long. The registered manager told us they hired enough staff to ensure consistency thereby maintaining continuity of care, which was important to people using the service.

We looked at the recruitment records for five staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms.

Is the service effective?

Our findings

We found that Kingsmith Care was meeting the requirements of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA.

Care records recorded whether people had capacity to make specific decisions and also contained a written record from the registered manager about whether the person had appointed someone as their Lasting Power of Attorney (LPA). Although the registered manager told us that she did not routinely ask for documentation to prove that a relative had LPA, there were effective systems in place to ensure that people were involved in decision making and their rights protected. We requested written evidence that one person had appointed an LPA, but found that this was only for them to take responsibility for financial matters and did not give them the authority to make decisions in respect of the person's health and welfare. Their care plan had been signed by this person despite them not having the legal authority to do so. However, we received information following the inspection to inform us that the relative had taken steps to apply for LPA for care and welfare as they had not been aware that that they did not have this authority. We were also informed that the person had been present and involved in discussions about their care plan.

Care workers demonstrated a good understanding about the issues surrounding consent and the MCA. One care worker told us, "You should never assume that the person does not have capacity. I never make any assumptions like this." Care workers correctly explained what they would do if they suspected people lacked capacity.

People told us staff had the appropriate skills and knowledge to meet their needs. People said "They help me with what I need" and "They do their work properly. There have never been any problems." The registered manager told us and care workers confirmed that they completed training as part of their induction as well as ongoing training. Records confirmed that all staff had completed mandatory training in various topics prior to starting work. These topics included safeguarding adults, medicines administration and first aid.

Care workers confirmed they could request extra training where required and they felt they received enough training to do their jobs well. Records reflected that people's training was in date. One care worker told us, "We get loads of training and can always ask for more if we need it or if we're interested in something." One care worker told us they had demonstrated a particular interest in medicines management. As a result they had received extra training and had responsibility for conducting audits of medicines records with the registered manager.

Staff told us they felt well supported and received regular supervision of their competence to carry out their work, this included unannounced spot checks of their performance as well as supervision sessions. We saw records to indicate that staff supervisions took place every three months. We saw records that appraisals of care workers' performance were also conducted on an annual basis. We were told by the registered manager and care workers that they used supervisions to discuss individual people's needs as well as their training and development needs. Records demonstrated that these discussions took place and we saw evidence that where a care worker needed additional support, this was provided along with more frequent supervision and assessment of their performance.

People were encouraged to eat a healthy and balanced diet. People's care records included information about their dietary requirements and appropriate advice had been obtained from their GP where required. Care workers told us they helped people to go shopping and helped them to cook their meals. We saw records to indicate people's nutritional needs, allergies and likes and dislikes in relation to food. Care workers demonstrated an excellent knowledge of this area of people's lives.

Care records contained information about people's health needs. The service had up to date information from

Is the service effective?

healthcare practitioners involved in people's care, and the registered manager told us they were in regular contact with people's families to ensure all parties were well informed about peoples' health needs. We saw records of

ongoing discussions between the registered manager and relatives updating them about their family member's health. When questioned, care workers demonstrated they understood people's health needs very well.

Is the service caring?

Our findings

Relatives we spoke with gave excellent feedback about the care workers. People told us, “They are marvellous. All the girls are superb”, “They are very caring” and “I would be afraid to recommend them because I wouldn’t want to part with them.” Everyone we spoke with told us they were treated with kindness and compassion by the care workers who supported them and said that positive relationships had developed.

Our discussions with the registered manager and care workers showed they had a very detailed knowledge and understanding of the people they were supporting. Care workers told us they usually worked with the same people so they had got to know each other well. Care workers spoke very fondly about the people they cared for. Comments included, “I love her to bits. She’s like my Mum and that’s how I care for her. Like she’s my Mum” and “She’s amazing. She’s taught us all a thing or two.” Care workers gave details about the personal preferences of people they were supporting as well as details of their personal histories. They were well acquainted with people’s habits and daily routines and the relatives we spoke with confirmed this.

The registered manager told us they tried to match care workers with similar interests or similar backgrounds to the people they cared for in order to encourage good relationships. Care workers and relatives agreed with this. One care worker told us the person “loves doing anything artsy or crafty, just like me. [The person] loves being pampered. We do face masks together. We have a great time.” One relative also commented, “They have tried hard to match people who have the same interests as [my relative]. The carers seem to get him.” The relative commented on the person’s passions and particular interests and told us the care worker understood and encouraged these.

Care workers demonstrated an understanding of people’s emotional state and moods and how they could sensitively deal with this. One care worker told us a person, “can get very frustrated with [themselves]” and told us how they usually reassured them. We saw from written records that people’s emotional state was taken into account and we saw examples of detailed and practical guidance about how care workers could deal with this. For example, in one care record we saw details of what usually upset one person and the type of reassurance that usually made them feel better. Care workers told us that people’s mood was part of the written and verbal handover and it was important they were well informed about this.

Care workers explained how they promoted people’s privacy and dignity and gave many practical examples of how they did this. Comments included, “I communicate with them while I am giving personal care and make sure they are ok” and “I always cover the bits I’m not washing when giving personal care.” People we spoke with also confirmed their privacy was respected. One person told us “They show me respect. They are all very pleasant.”

Care records demonstrated that people’s cultural and religious requirements were considered when people first started using the service and this formed part of the initial needs assessment. The registered manager told us that where necessary they tried to match people with care workers with the same cultural background. We were given the example of one person who spoke the same language as the care worker and the registered manager said this helped them to develop a positive relationship.

The service had good links to local advocacy services. Details of local services were kept at the office and people were referred when required. Details of advocacy services were also provided to people on admission.

Is the service responsive?

Our findings

People using the service and relatives we spoke with told us they were involved in decisions about the care provided and staff supported them when required. Comments included “They help me with things I want to do” and “[the care worker] is very helpful and does what I ask.” Relatives, referrers from other organisations and other professionals working with the service commented “They are very responsive to our needs as a family”, “They are a very responsive and involved company” and “This is one of the best agencies I have ever worked with.”

Care workers also spoke passionately about the need to offer people choices in their daily lives as a means of promoting their independence. Comments included “When I’m helping someone I always offer choices with food or anything else so they are involved as much as they can be” and “I never take over. If someone can do something for themselves, I let them do it. I don’t want to take away their independence.” We also saw an example of correspondence between the registered manager and one person’s relatives about what the service could do to promote one person’s independence and minimise the need for care.

People’s needs were assessed before they began using the service and care was planned in response to these. Assessments included physical health, dietary requirements and mobilising.

We looked at five care plans and all had been completed with the people who used the service and their relatives. They provided information about how the person’s needs and preferences should be met. For example, we saw many written examples of people’s preferences with regard to food and drink including detailed instructions in care plans of how to make and present food in the way people liked.

The registered manager told us and care workers confirmed they discussed person centred care on their induction and as part of an ongoing discussion. Care workers told us these discussions focussed on how to deliver a service which focussed on people’s individual needs and preferences. Care workers gave us specific examples of how people’s individual choices were met. We were given various examples by care workers who

described people’s individual routines and their specific preferences regarding food and drink. Care workers also demonstrated that they knew people’s relatives and had a relationship with them.

People using the service and relatives we spoke with confirmed they had been involved in the assessment process and had regular discussions with staff about their needs. Relatives also confirmed care staff kept daily records of the care provided and these were detailed and legible. They told us they found these records useful in keeping updated about their relative’s daily activities. Relatives also confirmed that they knew workers well and would usually ask them for any updates if they were available.

Care records showed people’s involvement in activities. As part of the initial needs assessment, the registered manager spoke with people and their relatives about activities they were already involved with so they could continue to encourage these and also explored activities in the local area. The registered manager told us they worked with family members to keep people active by encouraging them to participate in activities they enjoyed. The relatives we spoke with confirmed the care worker supported the person to be active. One relative said “They support [my relative] to take part in the activities they enjoy.” Care records contained notes of recommended activities. Care workers confirmed these were taking place and we saw examples of these activities being performed when we read daily notes of people’s activities. We also saw many examples of correspondence from the registered manager to relatives suggesting new ideas for activities people might enjoy. This included extensive research about local activities and correspondence to large organisations requesting further information on events and asking to be put on mailing lists.

People expressed their views and these were prioritised in decisions about the support they received. We saw examples of people’s views in their care records, which included ways they liked to spend their day and how care workers could help them with this. We also saw an example in one care record about how care workers could encourage people to continue expressing their views. This reminded the care worker that the person often changed their mind about their preferences and they should always check the person’s views with them.

People were given information when first joining the service in the form of a “client guide” and this included

Is the service responsive?

details about how to make a complaint and specific details about the service provided. The registered manager told us they could arrange for this to be provided in an easy read format on request.

The service had a complaints policy which outlined how formal complaints were to be dealt with. The people using the service and relatives we spoke with confirmed they had never had any complaints, but told us they would speak

with the registered manager if they had reason to complain. The registered manager told us how they handled complaints and we saw records to demonstrate this. Care workers we spoke with confirmed they discussed people's care needs in their supervision sessions and their team meetings. They told us if there were any issues they would discuss them at these times or separately with the registered manager.



Is the service well-led?

Our findings

The organisation had effective systems in place to monitor the quality of the service. The registered manager told us they reviewed all care records and written daily notes every four weeks.

We saw evidence that feedback was obtained from people using the service, their relatives and staff. Feedback was sought in the form of annual questionnaires which were collated and analysed to inform improvements to the service. We saw all suggestions from this feedback were actioned which demonstrated that people and their relatives were listened to and that they were able to influence changes in the service.

The registered manager spoke with people over the telephone every week and also visited people in person at least every two months and we saw records to demonstrate this. We were told that if people raised any issues, these would be dealt with immediately. People confirmed that the registered manager had visited to see if they were well and whether the care provided was meeting their needs. Relatives also confirmed that issues were dealt with very quickly. Comments included “Any issues have been resolved very quickly. I’ve had no real problems” and “They make changes quickly. They take your views very seriously.”

The registered manager and care workers gave a consistent view about their vision of the service and their purpose in working for the organisation. The company ethos was that “every action matters.” We saw this was explained in the initial literature provided to new clients and every care worker we spoke with demonstrated an understanding and agreement with this ethos. One care worker told us “I joined this organisation because I agree with their ethos. I like the way they do things.” Another care worker told us “Every action does count. I do this work because I want these people to be treated the way I would want to be treated. We’re all getting older after all.”

Care workers confirmed that the provider’s vision for the organisation was covered in their induction when they started working for the service and this was also something that was reinforced in supervision meetings and in general discussions with their manager.

Care workers confirmed they maintained a good relationship with the registered manager and felt

comfortable raising concerns with them. One carer worker said the registered manager “Is the best manager I have ever had. One of my best friends” and another care worker said “She’s a brilliant manager. She’s approachable, you can tell her anything.”

Both the registered manager and care workers confirmed that there were resources available to develop the team and drive improvement. One care worker gave examples of further courses they had attended to develop their role and the registered manager explained the further study they were doing to develop their understanding of current issues in the care sector. Senior staff sent additional resources and online links to care workers to aid their learning. This included a “Film of the week” which were short videos on different topics. The most recent videos were about the dementia environment within the home and dignity in care. The registered manager explained the videos were intended to aid people’s understanding of these issues and encourage discussion.

The registered manager also explained and care staff confirmed that they conducted reflective practice groups for the care workers to provide an additional forum for discussing best practice.

Care workers were further encouraged to excel in their role by the use of a monetary incentive. The service gave an ‘Every Action Matters’ monetary bonus with a certificate. We saw two certificates in staff files we viewed. The purpose of the scheme was to incentivise hard work and continual improvement. The registered manager also explained that as a means of demonstrating their commitment to staff they also paid the London living wage and had done so since 2011.

The registered manager spoke passionately about how they worked to engage with the local community. The offices were located within the local community centre and we saw staff at the service knew community centre staff well. Care records demonstrated that senior staff worked proactively with providers of local services to provide additional activities for people. We spoke with the manager of a local day centre and they confirmed this. They told us “Staff are really proactive and very pleasant.”

The registered manager demonstrated that they understood their responsibilities to report significant matters to the CQC and other relevant authorities. Notifications were submitted to the CQC appropriately.



Is the service well-led?

The service had a clear process for dealing with accidents and incidents. Forms were available which included a space to fill in what had occurred, and what could be done to prevent a reoccurrence. Forms included further actions which were to be conducted following an incident and we saw examples of these. The registered manager told us accidents and incidents were discussed at team meetings. They were logged and reviewed by the registered manager.

The registered manager told us safeguarding concerns would be discussed in a similar way and if the service received any complaints they were logged and reviewed and were also discussed individually with staff. The registered manager told us they would check every concern individually and devise an action plan as well as monitor for trends. We saw a log of all accidents, incidents and complaints and saw these were reviewed appropriately and further actions were completed.